

STATE OF UTAH - LABOR COMMISSION

Division of Industrial Accidents
160 East 300 South, 3rd Floor, P. O. Box 146610
Salt Lake City, UT 84114-6610

(801)530-6800 1-800-530-5090 TDD(801)530-7685

MEDICAL RECORDS-COPIES

Name of Injured Employee: _____

Address: _____

Social Security Number: _____ Phone Number: _____ Name of

Employer: _____ Date of Injury/Illness: _____

Name of Industrial Health Care Provider: _____

**MEDICAL RECORDS NEEDED TO SUBSTANTIATE THE CLAIM
OF THE ABOVE INDUSTRIAL INJURY/ILLNESS
only those checked are being requested**

_____ Histories and Physicals _____ Emergency Room Records _____ Discharge Summaries

_____ Radiological Reports _____ Specialized Testing Results

_____ Operative Reports Related to the Industrial Injury/illness

_____ Physician Progress Notes and/or Specialized Reports. (alternatively, a summary of the patient's record may be made available to the claimant at the discretion of the physician).

I have reviewed the above injured employee's claim and certify that the above medical records are needed to substantiate his/her industrial injury/illness.

Signature - Labor Commission Staff

Date

***Per rule R612-2-22(F), the injured employee is entitled to one copy of the above checked medical records free of charge. However, if the records are requested by an injured workers' attorney, the medical provider may bill the attorney as per Rule R612-2-22.**

Joyce A. Sewell, Director
Division of Industrial Accidents
Labor Commission

***DO NOT SEND THE RECORDS TO THE LABOR COMMISSION. PLEASE RELEASE THE ABOVE MEDICAL RECORDS AND SEND OR GIVE THE ABOVE MEDICAL RECORDS TO THE INJURED EMPLOYEE!**